

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 MAR 16 PM 5:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J54602

1. Corporation Name Golden Pedals Int'l, INC

2. Principal Office Address  
3633 Henderson Blvd

Suite, Apt. #, etc.

City & State  
Tampa, FL

Zip 33635 Country USA

3. Mailing Office Address  
3633 Henderson Blvd

Suite, Apt. #, etc.

City & State  
Tampa, FL

Zip 33609 Country USA

3-9-04 01029 015 \$900.00  
03-04

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
392777631

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name Tuan Anh Le

Street Address (P.O. Box Number is Not Acceptable)  
3633 Henderson Blvd

Suite, Apt. #, Etc.

City Tampa

State FL Zip Code 33609

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent [Signature]  
REGISTERED AGENT MUST SIGN

Date 3-15-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	Tuan Anh Le	7505 exter way	Tampa, FL 33615
VICE PRES	Maria Nguyen	8903 Southbay Dr	Tampa, FL 33615

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04  
Date Daytime Phone #

CR2E081 (01/04)